



FINANCIAL PLANNING SEMINAR REGISTRATION

SECTION I: CalPERS Regional Offices

SACRAMENTO 2750 Gateway Oaks Dr. Suite 140 Sacramento, CA 95833 FAX (916) 231-7917	SAN FRANCISCO 301 Howard St. Suite 2020 San Francisco, CA 94105 FAX (415) 369-8501	GLENDALE 655 North Central Ave. Suite 1400 Glendale, CA 91203 FAX (818) 662-4304	SAN BERNARDINO 650 East Hospitality Lane Suite 330 San Bernardino, CA 92408 FAX (909) 806-4820
FRESNO 10 River Park Place East Suite 230 Fresno, CA 93720 FAX (559) 440-4901	SAN JOSE 181 Metro Drive Suite 520 San Jose, CA 91110 FAX (408) 451-8001	ORANGE 500 No. State College Blvd. Suite 750 Orange, CA 92868 FAX (714) 939-4701	SAN DIEGO 7676 Hazard Center Drive Suite 350 San Diego, CA 92108 FAX (619) 220-7201

To Register: Call (888) CalPERS (225-7377) or Mail/FAX Form to Appropriate CalPERS Office

*Privacy Statement: Providing the Social Security Number is voluntary in accordance with the Information Practices Act of 1977 and the Privacy Act of 1974 (PL93-679). If provided, the Social Security Number may be used by departments to maintain records of training requested and attended by members.

SECTION II: Seminar Information

CHECK ONE ☐ **ACHIEVING FINANCIAL SECURITY** ☐ **RETIREMENT & ESTATE PLANNING**
BOX ONLY: (For members *more than 10 years* from retirement) (For members *10 or less years* from retirement)

First Choice	Date	Location
Second Choice	Date	Location
Third Choice	Date	Location

SECTION III: Member Information

Member's Social Security No.: **Member's Name:** Last First (Print or Type)

Employer:

Disability Accommodation: ☐ **Auditory** ☐ **Mobility** ☐ **Visual** ☐ **Other**

Type of Accommodation Needed (Please specify):

SECTION IV: Spouse/Partner Information

Will Spouse/Partner Attend? ☐ **YES** **Is Spouse/Partner a CalPERS Member?** ☐ **YES** (If YES, complete this section)

Spouse/Partner's Social Security No.: **Spouse/Partner's Name:** Last First (Print or Type)

Spouse/Partner's Employer:

SECTION V: Enrollment Notification Information

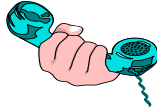
Where Should Enrollment Notification Be Sent? ☐ **to MEMBER** ☐ **to EMPLOYER**

Employer's Name: **Daytime Telephone Number:**

Division and ARU/MIC: (if applicable)

Member's or Employer's Address: **Contact Person (if applicable)**

City, State, and Zip Code: **Your Daytime Phone Number:**



QUESTIONS?

CALL TOLL FREE (888) CalPERS (225-7377)

Notification of Enrollment

An initial letter of enrollment notification will be mailed to the member.

A second notification letter with program materials will be mailed approximately two weeks before the seminar date.

Cancellations

If you find that you will be unable to attend your scheduled seminar, please phone your cancellation to CalPERS at Toll Free (888) CalPERS (225-7377).

Additional Information

For specific information regarding the seminars (facility, address, etc.), contact CalPERS at Toll Free (888) CalPERS (225-7377).

CalPERS Website - www.calpers.ca.gov

